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THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

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THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

KRA

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

JAMES HOWARD SMITH

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 3:23-CV-50074

(To be supplied by the Clerk of this Court)

TARRY WILLIAMS - Warden

DR. LARRY SY - Medical Director

WEXFORD HEALTHSOURCE INC.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

XX

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)**

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)**

OTHER (cite statute, if known)

***BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: James Howard Smith
- B. List all aliases: None
- C. Prisoner identification number: R43014
- D. Place of present confinement: Dixon Correctional Center
- E. Address: 2600 N. Brinton Ave. Dixon, IL 61021-9524

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Tarry Williams
Title: Warden - Dixon Correctional Center
Place of Employment: 2600 N. Brinton Ave. Dixon, IL 61021-9524
- B. Defendant: Dr. Larry Sy
Title: Medical Director - Dixon Corr. Ctr.
Place of Employment: 2600 N. Brinton Ave. Dixon, IL 61021-9524
- C. Defendant: Wexford Healthsource Inc.
Title: Medical care and staff provider
Place of Employment: 501 Holiday Dr. Foster Plaze, Pittsburgh, PA
15220

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Additional Lawsuits

A. Name of Case and Docket Number: Smith v. IDOC, Guy Pierce, Marvin Reed,
Simpson, Sylvia Mahone, Dr. Schaffer
10-CV-01224

B. Approximate Date of Filing: 9/16/2010

C. List All Plaintiff(s): James Howard Smith, James H. Smith

D. List All Defendants: Illinois Dept. of Corr., Guy Pierce, Marvin Reed, Sim-
pson, Sylvia Mahone, Dr. Schaffer

E. Court in Which Filed: 7th Circuit, Central District of Illinois

F. Name of Judge to whom case Assigned: Do not Remember

G. Basic Claim Made: Violation of 8th Amendment Rights; Deliberate indiffer-
ence to serious medical need, Fractured hip.
Left untreated for hours.

H. Disposition of this case: Initially dismissed, resumed in case 2011-L-000138,
finalized in settlement with all parties.

I: Approximate date of disposition: Do Not remember. Many of my personal
documents were thrown out by staff when I
transferred to Dixon.

** I am also a member of a class action against the IDOC, however, I do not have
any information at this time about the case**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Smith v. Pierce, Pontiac CC
2011-L-000138
- B. Approximate date of filing lawsuit: 4/25/2011
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
James Howard Smith James H. Smith

- D. List all defendants: Guy D. Pierce; Marvin Reed

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): 7th Circuit, Central District of Illinois
- F. Name of judge to whom case was assigned: Do not remember

- G. Basic claim made: Violation of 8th Amendment Rights; Deliberate
indifference to serious medical need, Fractured Hip

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Initial Dismissal; combined later with 10-CV-01224
Settlement Agreement - Finished

- I. Approximate date of disposition: Do not remember

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. This is a civil action authorized by 42 USC §1983 to redress the deprivation under color of state law of rights secured by the Constitution of the United States. The court has jurisdiction under 28 USC §1331 and 1343(a)(3). Plaintiff seeks declaratory relief pursuant to 28 USC §2201, and 2022. Plaintiff's claims for injunctive relief are authorized by 28 USC §2283 and 2284 and Rule 65 of the Federal Rules of Civil Procedure.
2. The United States District Court, Northern District of Illinois, Western Division, is an appropriate venue under 28 USC §1391(b)(2) because it is where the events giving rise to this claim occurred.
3. Plaintiff, James Howard Smith, is and was at all times mentioned herein a prisoner of the State of Illinois, in the custody of the Illinois Department of Corrections. He is currently confined in Dixon Correctional Center, Dixon, Illinois.
4. Defendant Tarry Williams is the Warden of Dixon Correctional Center (DCC). He is legally responsible for the operation of DCC and for the welfare of all the inmates in that prison.
5. Defendant Dr. Larry Sy is the medical director and primary care physician at DCC and is employed by Wexford Health Source Inc., under contract

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

- to provide medical care to the Plaintiff and inmates at DCC.
6. Defendant Wexford Health Source Inc. is a For-Profit medical care service provider who is under contract with the IDOC and the State of Illinois to provide medical professionals and medical treatment/services to the Plaintiff and the inmates of DCC.
 7. Each defendant is sued individually and in his official capacity. At all times mentioned in this complaint, each defendant acted under color of law.
 8. In June of 2020 Plaintiff had the last four(4) teeth of his upper palate removed by the DCC dentist. At that time he requested an upper denture. Plaintiff was told he would be notified when to come back in.
 9. In January of 2021 the Plaintiff again inquired about the denture by submitting a written inmate request to the DCC Healthcare. On January 27, 2021, Plaintiff received a response to this request which indicated "You are on the list - it will be a wait for your name to be called - Due to COVID" (See Exhibit A)
 10. In January of 2022 Plaintiff again inquired about the denture by submitting a written inmate request to the DCC Healthcare. On February 9, 2022, he received a memo in response to this request which indicated "Currently the wait time for denture partials is 20 months. So it will still be a while until we get to your name. Let us know if you'd like a soft diet while you wait." (See Exhibit B)
 11. On February 16, 2022, Plaintiff filed a Grievance(#220944) complaining

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

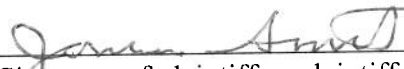
- 1) To be cared for and seen by a dentist along with being provided needed denture.
- 2) An injunction requiring Dixon CC and Wexford healthsource inc, to provide dental care in compliance of State Law, Common Law, Department Regulations, and Contract.
Compensatory and Punitive Damages; Any other remedy the court feels appropriate.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12th day of April, 2023


(Signature of plaintiff or plaintiffs)

James Smith
(Print name)

R43014

(I.D. Number)

Dixon Correctional Center

2600 N. Brinton Ave.

Dixon, IL 61021-9524
(Address)

Smith v. Williams et al, 23-CV-50074

Statement of Claim Continued

11. of not having been fitted for an upper denture. This grievance was not
(Cont) returned to me, nor did I receive confirmation of receipt from the 1st
level unit counselor, Scully. So the next time I was able to speak with
Mr. Scully I asked him about the grievance. He responded to me on an
unsigned "Offender Request" form, that the grievance had been received
in their office on 3/1/2022, reviewed/responded to on 3/8/2022, and then
on 3/16/2022, was submitted to the DCC Grievance office for review at
the 2nd level. I had not received the Grievance back until the Grievance
officer, responded to my letter of August 17, 2022 to the Warden. Then
I received on August 23, 2022, I received the Grievance Officer's report
which indicated the grievance had been reviewed by the DCC ADA commit-
tee, and deemed not an ADA Disability Accommodation issue. The response
further indicated there had been a response from the Health Care Unit
Administrator, who is Ms. Carpenter although the response did not name
her, and that the issue had been addressed and will not receive further
review. The Defendant Williams signed off on this grievance officer's
report and marked "I concur" on 8/22/2022. Plaintiff appealed this de-
nial to the Administrative Review Board / Director along with a letter
requesting them to order Wexford / DCC to give appropriate remedy to
my dental needs. This appeal was denied on 12/20/2022 claiming this
issue is being addressed per the facility.

This exhausts my administrative remedies for this issue in compli-
ance with the Prison Litigation Reform Act. (See Exhibit C)

Smith v. Williams et al, 23-CV-50074

Statement of Claim Continued

12. Because of the loss of my upper teeth and having no denture, I am unable to eat properly. I experience pain and bleeding gum when trying to chew food.

13. On several occasions I have spoke personally with the Defendant Williams. When I have had the opportunity I have asked when are you going to get a dentist in here? I have told him about the pain I suffer because of not having a denture. The Defendant Williams has told me "I know we're working on that." and "I'll look into that."

On one occasion the Defendant Williams was walking with a group of people, which included an African-American female, who I was told was from the IDOC Office of Health Services. This was around the beginning of December 2022. I spoke to this woman and the Defendant asking about getting fitted for dentures. I was told by this woman in front of the Defendant Williams that they were going to take care of this, and they were aware of the problem. I asked about being sent out and she said "Don't worry, I will look into this." Unfortunately I did not get her name.

14. I have spoken with a Carl Moss, IDOC# B18364, who also resides in the hospital unit where I live. He has provided me with an Affidavit of his own experience with trying to get a dental appliance. Moss has seen me talking with the Defendant Williams while defendant was making rounds in 3rd Floor Health Care Unit. (See Exhibit D)

Smith v. Williams et al, 23-CV-50074

Statement of Claim Continued

15. I have spoken with a Hector Hernandez, IDOC# K63320, who provided me with an Affidavit and copies of his grievance about not having been given dentures. Hernandez indicates he has spoke with the Defendant Williams while on the DCC yard about his need for dentures and then sent a follow up "kite" to Defendant asking to be sent out to an outside dentist. Hernandez also indicates in his Affidavit that he has spoken with Defendant Dr. Sy about the pain and bleeding and swollen gums he experiences while trying to eat. He also states that he spoke with the same African-American woman from Springfield the same day I did in December. He learned that her mother used to be a dentist at Stateville before retiring. Hernandez states he has also asked Dr. Sy about being sent out to a local dentist to get dentures, with no valid response from him.(Ex. E)
16. Since Defendant Dr. Sy has taken over as the Primary Care Physician and Medical Director of DCC, Plaintiff has seen him on several occasions for appointments. While at these appointments for other issues, I have asked Sy when are you going to get a dentist here? Or if I can be sent out to a local dentist to get dentures. Dr. Sy will just nod his head or smile or laugh, but doesn't really respond to me.
17. Upon information and belief Defendant Warden Williams is aware of Plaintiff's serious medical condition and is personally liable under §1983 as he knows about the continuing deprivation of dental care for the Plaintiff and approves it, condones it, or has turned a blind eye to it.

Smith v. Williams et al, 23-CV-50074

Statement of Claim Continued

18. Upon information and belief Defendant Dr. Sy has a duty to provide proper Health Care to the Plaintiff and the inmates of DCC and as Medical Director of DCC to supervise and coordinate off-site referrals for the medical needs of all inmates at DCC. Dr Sy has chosen an easier and less effective path of treatment ignoring the needs of the Plaintiff to have dentures without professional judgement and in this case is deliberately indifferent to Plaintiff. By not providing a medical referral Defendant Sy is deliberately indifferent to the serious medical needs of Plaintiff and the inmates of DCC.
19. Upon information and belief the Defendant Warden Williams has been previously admonished by a court as to his liability in not providing for the medical needs of the inmate population placed in his custody by the IDOC.
20. Upon information and belief Wexford Health Sources Inc. has through policy or custom, whether written or not, of failing to provide the appropriate medical staff, failing to provide the appropriate medical treatment, and denying outside medical referrals to medical professionals who could render the needed treatment to the Plaintiff and the inmates of DCC, in violation of it's contract with the IDOC and contrary to state law.

Smith v. Williams et al, 23-CV-50074

Statement of Claim Continued

21. Upon information and belief Wexford Health Sources Inc. has a financial incentive to not provide the Plaintiff and Inmates of DCC with the proper and appropriate medical treatment and needed prosthetics to enjoy everyday life and to consume food without pain and injury. The financial incentive to keep inmates from visiting outside medical providers pervasively affects the care received. The Defendant Wexford Health Sources Inc., is well aware of the risk created by the custom or practice of failing to take appropriate steps to protect the Plaintiff as DCC's wholly inadequate dental care program has remained unchanged for years without relief. This custom or practice which is promulgated by Defendant is an attempt to save money at the expense of the Plaintiff and inmates of DCC.
22. Upon information and belief there are three(3) full time dentists providing dental care to the inmates of Stateville Correctional Center, which has a population of approximately 500 inmates. By comparison, DCC has a population of approximately 1,500 inmates and only recently is there a dentist available, part-time (two days per week), who is only handling emergency based dental issues; no denture services.
23. The IDOC in accordance with requirements of Illinois state law created Administrative Directive 04.03.102, Titled Dental Care for Offenders, which went into effect 1/1/2020. This mentioned AD states in part, "Policy" The Department shall have each offender examined by a dentist upon admission ... and shall provide each offender with clinically indicated treatment throughout the term of his or her incarceration.

Smith v. Williams et al, 23-CV-50074

Statement of Claim Continued

23. "Procedure" F. requirements; The Chief Administrative Officer (CAO) shall
(Cont) ensure that dental examinations of offenders are conducted in accordance with the provisions of this directive.
1. Direction: The dental services program shall be directed by an Illinois licensed dentist whose responsibilities are detailed in a written agreement, contract or job description.
 6. Dental Prosthetics: a. Removable dental prosthetics shall be provide on a case-by-case basis as determined clinically necessary by the dentist.
(1) If an anterior tooth is extracted during incarceration, ...Appropriate dental prosthetics shall be provided.
 8. Specialized Dental Services: a. Consultation and referral capability to recognized specialties of dentistry, such as oral surgery, shall be available and utilized as clinically indicated and subject to utilization review.

c. Any dispute regarding the level of service shall be respolved between the facility dentist and the Agency Medical Director.
(See Exhibit F)
24. Upon information and belief there are more than a dozen inmates waiting for dentures like myself, and the defendants, Williams, Sy, and Wexford are being deliberately indifferent to this issue and have chosen to do nothing to remedy it. They have chosen to ignore State Law, IDOC Administrative Directive, and the standards for correctional healthcare.

JB Pritzker
Governor



Rob Jeffreys
Acting Director

(Exhibit A)

The Illinois Department of Corrections

Dixon Correctional Center
2600 N. Brinton Avenue • Dixon, IL 61021 • (815) 288-5561 TDD: (800) 526-0844

MEMORANDUM

DATE: 1-27-21

TO: Smith, James R 113014

FROM: Dental Clinic
Health Care Unit

SUBJECT: Inmate Request

Your request was received and noted by the Dental Office. The answer to your question is checked below.

_____ To answer your request slip, we must remind/inform you that your name has been placed on the _____ list. You will be called when your name comes to the top of that list. You will not be forgotten.

_____ You will be scheduled for an appointment.

***Upon receipt of this notification, additional requests are NOT to be submitted. If you have immediate issues that need addressed, please sign up for sick call.**

****We do not have a hygienist here at Dixon CC, therefore we are unable to clean teeth. If you would like further instruction on oral hygiene, you may sign up for sick call.**

Other.....

You are on the list - it will be a wait for your name to be called - Due to Covid.

Cc: HCU Administrator Dental File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

14-S

JB Pritzker
Governor



Rob Jeffreys
Acting Director

(Exhibit B)

The Illinois Department of Corrections

Dixon Correctional Center
2600 N. Brinton Avenue • Dixon, IL 61021 • (815) 288-5561 TDD: (800) 526-0844

MEMORANDUM

DATE: 2-9-22

TO: Smith, James

R43014

HCU 3-14

FROM: Dental Clinic
Health Care Unit

SUBJECT: Inmate Request

Your request/referral was received and noted by the Dental Office. The answer to your question is checked below.

_____ To answer your request/referral slip, we must remind/inform you that your name has been placed on the _____ list. You will be called when your name comes to the top of that list. You will not be forgotten.

_____ You will be scheduled for an appointment.

***Upon receipt of this notification, additional requests are NOT to be submitted. If you have immediate issues that need addressed, please sign up for sick call.**

****We do not have a hygienist here at Dixon CC, therefore we are unable to clean teeth. If you would like further instruction on oral hygiene, you may sign up for sick call.**

Other.....

Currently the wait time for denture partials is 20 months. So it will still be a while until we get to your name. Let us know if you'd like a soft diet while you wait

Cc: HCU Administrator Dental File

SMITH V. WILLIAMS, ET AL

23-CV-50074

(Exhibit C)

Grievance # 220944 and attachments

7 Pages

Assigned Grievance #/Institution: _____

Housing Unit: HCU 3/14 Bed #: _____

1st Lvl rec: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

Date: 2/16/2022	Offender (please print): James Smith	ID #: R43014	Race (optional):
Present Facility: Dixon Correctional Center		Facility where grievance issue occurred: Dixon CC	

Nature of grievance:

- ☐ Personal Property
 ☐ Mail Handling
 ☐ Medical Treatment
 ☒ ADA Disability Accommodation
- ☒ Staff Conduct
 ☐ Dietary
 ☐ HIPAA
 ☐ Restoration of Sentence Credit
- ☐ Transfer Denial by Facility
 ☐ Other (specify): _____
- ☐ Disciplinary Report

Date of report _____

Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if **EMERGENCY** grievance

Mail to **Administrative Review Board**, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

In approximately June of 2020 I had requested an upper denture. I was told that I would be notified when to come in for further care appropriate to this.

In January of 2021, I sent in a request to find out what the status of receiving the denture was. At that time I was told that I was on the list, and it will be a wait to be called due to COVID.

In January of 2022 I again requested the status of my denture and on Feb 9, 2022 I received a memo back which states that the wait is 20 months for denture partial.

☒ Continued on reverse

Relief Requested:

COVID conditions have been decreasing and I have already waited 18 months for the upper denture. It is unreasonable to continue to have to wait much longer. I ask that I be seen as soon as possible to begin the process of receiving an upper denture.

I will loan the IDOC the money to pay for my dentures now, you will have to pay me back.

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☒ Check if this is **NOT** an emergency grievance.

James H. Smith
Offender's Signature

R43014

ID#

2/16/2022

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name _____

Sign Counselor's Name _____

Date _____

Note to offender: If you disagree with the counselor's response, it is your **responsibility** to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature _____

Date _____

Assigned Counselor's Initials

Date of Birth

Page

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

Offender's Name

I have already waited 18 months since this began. Are they telling me I have to wait another 18 months? This is unacceptable!

I would like to know how much longer I am going to have to my denture status in limbo.

I understand that somebody else was told that if they pay \$400 they would be able to get their dentures right away. If that is what it's going to take to get my denture then I will loan the Illinois Department of Corrections the money so I can get my denture at the earliest available.

I still hold that the IDOC owes me an upper denture as is prescribed in the Lippert v. Baldwin consent decree. So I will pay for them now but you still owe me.

195

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Smith, James ID #: 1343014 Living Unit: A63-14

Please refer to the directory located in your orientation manual and address proper personnel.

To: #220944

I request ☐ interview ☐ cell assignment ☐ visit ☐ banking ☐ purchase ☐ other (specify) _____
for the purpose of (explain): Submitted 3.1.22

Reviewed / Responded 1st level 3.8.22
3.16.22 Submitted for 2nd level Review
awaiting Review at 2nd level

Offender's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): _____ Remarks by supervisor (if necessary): _____

Print Staff Name _____ Print Supervisor Name _____

Staff Signature _____ Date _____ Supervisor Signature _____ Date _____

To: Mr. Tarry Williams
Warden, Dixon CC

August 17, 2022

From: James Smith, R43014 HCU 3/14

Re: Grievance # 220944 Request to the Chief Administrative Officer, Dixon CC
for Review and decision

Dear Sir,

I am writing to you to proceed with the above referenced Grievance which I submitted on February 16, 2022.

The reason for this is that the grievance procedure has apparently failed and I am therefor requesting your intervention so that the grievance may either be resolved or appropriately appealed to the Administrative Review Board.

In March of 2022 I received the attached Offender Request from then HCU Counselor Scully.

In the item Scully indicates my Grievance was received and responded to on 3.8.22 at the first level. The Grievance however was not returned to me at this time and so I have no context.

However, Scully goes on to indicate that the grievance was then submitted to the second level for review on 3.16.22, and it is awaiting further review.

This is now 6 months since I submitted the grievance and 5 months awaiting the Grievance officer's review.

This means that the grievance procedure has broken down and I am being denied my proper procedure for due process as required by the Prison Litigation Reform Act the Illinois Legislature and IDOC regulations and procedures.

I request that you please investigate the delay of this grievance and notify me of your findings so this can proceed.

I must note that without a response to this letter I will have to proceed under the belief that this is your denial of said grievance and will seek remedy with the Administrative Review Board.


Respectfully,




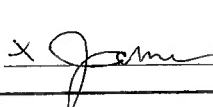
James Smith

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

H3.14

Grievance Officer's Report		
Date Received: 03/11/2022	Date of Review: 08/18/2022	Grievance # (optional): 220944
Offender: James Smith		ID#: R43014
Nature of Grievance: Staff Conduct, ADA Disability Accommodation		
Facts Reviewed: This Grievance Officer notes the request by Smith to receive the upper dentures that he has been waiting for since 2020. This submission was reviewed by the ADA Committee and was deemed not an ADA Disability Accommodation issue. This Grievance Officer notes that this issue was addressed with the first level response from the Health Care Unit Administrator and will not receive further review.		
Recommendation: Based upon a total review of all available information, this Grievance Officer is satisfied that this issue has been addressed at the first level. Grievance denied.		
B. Wells, CCII <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>

Chief Administrative Officer's Response		
Date Received: 8/22/22	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
<input type="checkbox"/> Remand		
Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		8/22/22 <small>Date</small>

Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
X  <small>Offender's Signature</small>	R43014 <small>ID#</small>	8-28-22 <small>Date</small>

James Smith R43014
Dixon CC
2600 N. Brinton Ave.
Dixon, IL 61021-9524

August 28, 2022

Administrative Review Board
P.O. Box 19277
Springfield, IL 62794-9277

Re: Appeal of Grievance# 220944

Dear Sirs,

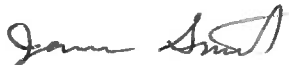
I am forwarding this grievance to you for your review, as I don't believe Dixon CC, and Wexford Healthsource are appropriately addressing my medical/dental needs.

I began this in June of 2020 and have already had to wait 2 years. Now I am being told I will have to wait another 2 years before it's my turn. There are 24 persons on the list in front of me, and so I ask is this appropriate? That's an average of 1 person per month.

I am seeking a proper remedy. Please order Wexford / Dixon to do their jobs in a reasonable time. If their lab is unable to accomodate the needs of the individuals they have been charged with caring for you, not myself, am the only way I can be taken care of.

And to the suggestion of chosing a "soft Diet" I dare you to come try it. It is unedible and lacking in nutrition. It is not a real option.

Sincerely,



James Smith

J.B. Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Smith, James
ID#: R43014
Facility: Dixon

12/20/22

Date

This is in response to your grievance received on 9/1/22. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 2/16/22 Grievance Number: 220944 Griev Loc: Dixon

- ☒ Medical 2/16/22; claims he has been requesting to receive denture but has yet to be done
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Staff Conduct _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☐ Other _____

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed _____
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.
- ☒ Other: Per facility response, this issue is being addressed. Individual in Custody is advised to continue to seek Medical Unit for further health need. Denied.

FOR THE BOARD:

Adewale Kuforiji
Administrative Review Board

CONCURRED:

Rob Jeffreys
Director

CC: Warden Dixon Correctional Center
Smith, James, ID# R43014

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

STATE OF ILLINOIS

COUNTY OF LEE

AFFIDAVIT OF CARL MOSS, B18364

1. I am over the age of 18 and if called upon to do so could testify competently about the facts set forth in ths Affidavit.
2. This Affidavit contains information necessary to support complaint of James Smith, R43014, allegation of deliberate indifference to dental care at Dixon Corr. Ctr. It is not intended to include every relevant fact or matter observed by me or known to me.
3. The information is based on my personal knowledge, observations, and experiences.
4. I hereby certify that the following facts and things are correct and true to the best of my knowledge.
5. On 12 May 2022, I received from the Dixon Dental Clinic a memo indicating I would not be scheduled for a routine partial impression or any dentistry for the foreseeable future. That there was no dentist services here currently.

On 19 May 2022, I filed a Grievance, #222304, complaining that I have been promised a dental appliance every time I have had to have a tooth extracted (6 teeth). I have been complaining of this for several years and requesting to be sent out to a local dentist to have a front tooth crown replaced along with a partial bridge made.

On 30 Jun 2022, Counselor Glenn responded "Per Nurse Spencer:"OHS and Wexford are aware of dental vacancies and are actually recruiting."

I replied that this has been on-going for five years, there is no intent to provide me with the necessary dental appliances, and forwarded the grievance to the second level for review. I again requested to be sent to a local dental provider.

I had initially filed this grievance as an Emergency, and it was denied by the Chief Administrative Officer, Tarry Williams, Warden.

On 8 Dec 2022, I received the Grievance Officer's response, Ms. Angela Carlson, who denied the grievance and in part responded, "This Grievance Officer notes all treatment must be ordered by the licensed physician at the facility and not a matter of individual in custody preference." and "Per Dental Assistant Tilton, Moss B18364 is on the Denture list. Dixon CC does not have a Dentist on site. Wexford is working diligently to hire a full time Dentist." Review Dated 12/1/2022.

On 8 Dec 2022 The CAO Tarry Williams, Warden signed the grievance to Concur with the denial of my grievance.

Also on 8 Dec 2022, I placed Grievance# 222304 into the institutional mail at Dixon CC for review by the Administrative Review Board of Illinois and the Director Rob Jeffreys.

On December 7, 2022, I had an opportunity to speak with members of the Lippert Oversight group who came to the 3rd floor. At that time I had observed several individuals speak with an African-American woman who was part of this group and I was told was from Springfield, and was part of the Office of health and Safety for the State of Illinois.

One of the individuals was James Smith who resides in cell 14. The other individuals I remember are Larry Bullard and Hector Hernandez, who both reside in cell 22. I know both of these individuals along with James Smith to have been trying for several years to also get dentures. I can not remember if the Warden Tarry Williams was with this group, however, I do remember seeing Assistant Warden Tack and HealthCare Administrator Monica Carpenter with them.

On at least one occasion I remember, although I can't remember the exact date, of James Smith speaking to the Warden, Tarry Williams, and asking him about when they were going to get a dentist so he could get dentures, and that he had been told he was on a list two years ago and he was now being told he was 24th on the list and it would be a year or more. The Warden was walking through the 3rd floor health care/hospice unit where we reside.

I am submitting true copies of the Grievance I have related about here in this Affidavit.

It is my belief that Wexford, The IDOC, and both Warden Williams & Dr. Sy, are not purposefully attempting to remedy the issue of not having a dentist at Dixon CC or are taking alternative steps like sending individuals to local dentists or IDOC facilities to correct the serious medical/dental needs of the prisoners in their care.

Pursuant to 28 USC §1746, 18 USC §1621, or 735 ILCS 5/1-109 of the Code of Civil Procedure, I certify that the foregoing is true and correct to the best of my knowledge and upon information I believe to be true.

Dated: March 23, 2023

/s/



Carl Moss IDOC# B18364

Dixon Correctional Center

2600 N. Brinton Ave.

Dixon, IL 61021-9524

SMITH V. WILLIMAS, ET AL

23-CV-50074

(Exhibit D)

Affidavit of Carl Moss B18364

3 Pages

Grievance# 222304 with Attachements

~~6~~ 4 Pages

1st Lvl rec:		Housing Unit: <u>H3</u>		Bed #: <u>01</u>	
ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance					
Date:	Offender (please print):	ID #:	Race (optional):		
19 May 2022	CARL MOSS	B18364	caucasian		
Present Facility:		Facility where grievance issue occurred:			
DIXON		DIXON			

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): WEXFORD CONTRACT VIOLATION
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
 Chief Administrative Officer, only if EMERGENCY grievance
 Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs,
 issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 12 May 2022 Moss received a ~~TEMPORARY~~ TEMPORARY from the Dixon dental clinic tellin him that he will not be scheduled for a routine partial impression or for any dentistry for the foreseeable future. There is NO DENTIST SERVICE HERE CURRENTLY. This conflicts directly with the contract between the IDOC and Wexford Health Sources. Since there are numerous dental services available in the free world community there is no reason why Moss should be forced to suffer with so many extracted teeth.

NOTE: WITH EACH EXTRACTION (SIX SO FAR) MOSS HAS BEEN ASSURED/PROMISED THAT "AS SOON AS THE SWELLING GOES DOWN HE WILL BE FITTED FOR AN APPLIANCE. THIS HAS NOT HAPPENED.!!!!!!" Continued on reverse

Relief Requested:

AN APPOINTMENT WITH A RECONSTRUCTION DENTIST TO RETURN MY STATUS QUO ANTE, A POST AND CROWN FOR THE FRONT TOOTH AND A PARTIAL BRIDGE FOR THE OTHER EXTRACTED TEETH. Damages for being forced to do without for the years and assurances of no further acts of retaliation.

- ☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Offender's Signature

B18364

ID#

19 May 2022 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 6/3/22 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Per Nurse Spencer: "OHS & Wexford are aware of dental vacancies and are actively recruiting."

PLAINTIFF'S RESPONSE

Because the above delay in treatment has been on-going for over five years it is obvious that there is no intent to provide the post and crown or the necessary appliance. Because there are numerous providers of dental services in the local community there is no excuse for the delay.

T. Glenn

Print Counselor's Name

TGL

Sign Counselor's Name

6-3-22

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☒ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

T. Williams

Chief Administrative Officer's Signature

5.24.22

Date

1st Lvl rec: _____

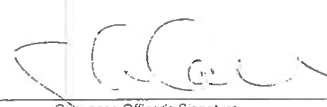
ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance


2nd Lvl rec: _____

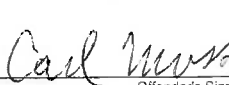
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H3.01

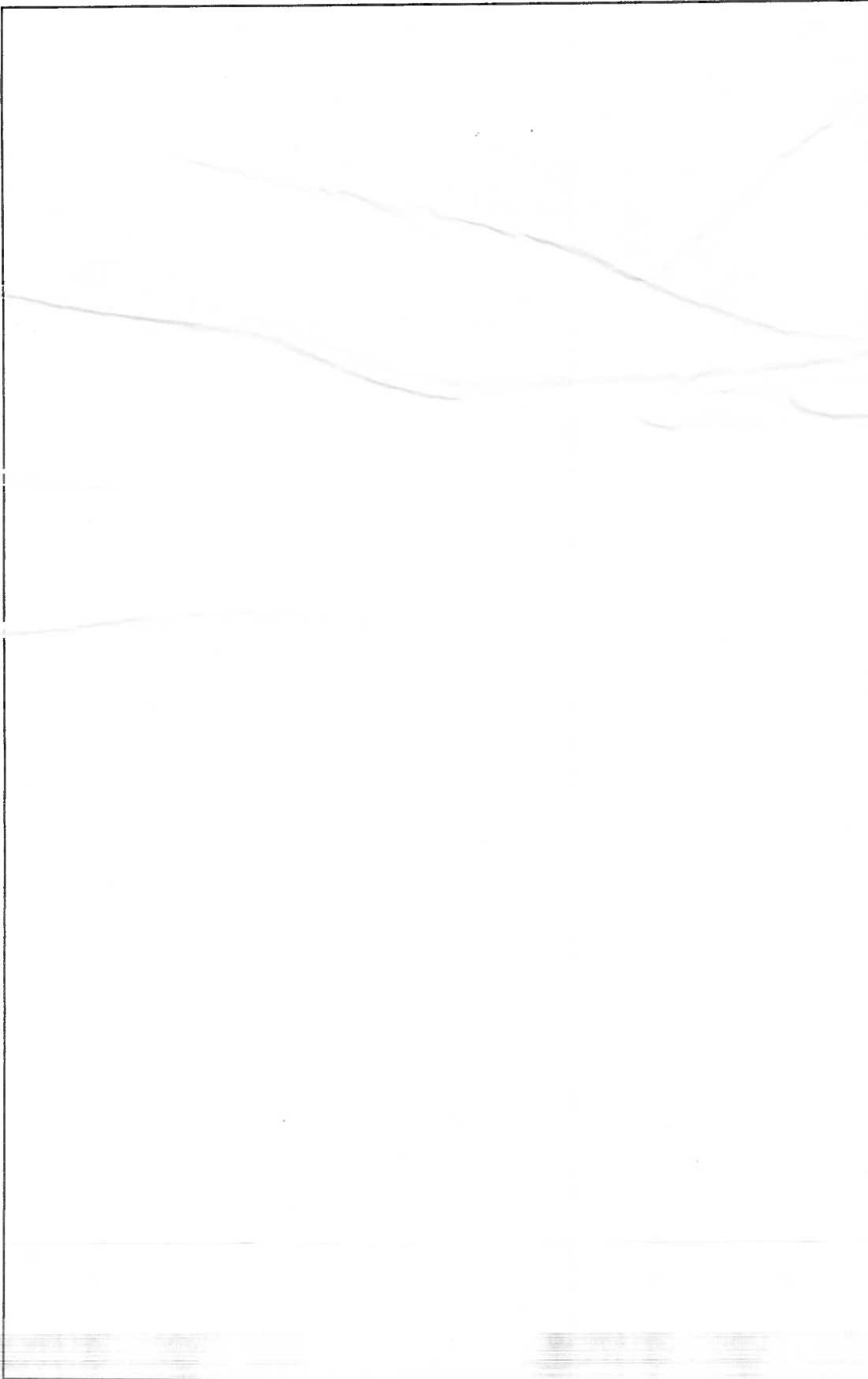
ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 07/06/2022	Date of Review: 12/01/2022	Grievance # (optional): 222304
Offender: Moss, Carl		ID#: B18364
Nature of Grievance: Medical Treatment; Wexford Contract Violation		
Facts Reviewed: This Grievance Officer notes the request by Moss, Carl B18364 to be seen by a reconstruction dentist, a post and crown for front teeth, a partial bridge and damages. This Grievance Officer notes that Resident Moss submitted grievance for [unclear] Now, CAO determined an emergency was not substantiated. This Grievance Officer notes all treatment must be ordered by the licensed physician at the facility and not a matter of individual in custody preference. This Grievance Officer has no authority to evaluate clinical decisions made by licensed physicians. This Grievance Officer notes; Per Dental Assistant Tilton, Moss B18364 is on the Denture list. Dixco, CC currently does not have a Dentist on site. Wexford is working diligently to hire a full time Dentist. Resident Moss is advised, he may submit a DOC0286, to Dental or Sick Call if he needs to be seen for emergent needs.		
Recommendation: Based upon a total review of all available information, this Grievance Officer is reasonably satisfied Resident Moss's concerns (regarding medical treatment) will continue to be addressed and he has continuous access to medical treatment.		
Angela Carlson CCI <small>Print Grievance Officer's Name</small>		 <small>Grievance Officer's Signature</small>
<small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response	
Date Received: 10.1.22	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken:	
 <small>Chief Administrative Officer's Signature</small>	12/01/22 <small>Date</small>

Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	B18364 <small>ID#</small>	8/25/2022 <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)



Inmate Id:	B18364	Ret Form Ind:	
Name:	MOSS, CARL	Modify Ind:	
Chair Code:	JOLO	Deny Ind:	
Grv Type:	L	Favorable Ind:	
Grv Code:	MEDICAL	Deferred Ind:	
Receive Date:	12/16/2022	Moot Ind:	
Hearing Date:	00/00/0000	Grievance Number:	222304
Mailing Date:	00/00/0000	Incident Number:	
Grv Loc:	DIXON CC	Incident Date:	00/00/0000
Hearing Loc:	DIXON CC	Incident Inst:	
		Date Received:	12/19/2022
Comments:	GRV #222304 GRV DTD 5/19/22 GRVS MEMO RECV'D ON 5/12/22 INDICATING THEY WOULD NOT BE SCHEDULED FOR A ROUTINE PARTIAL DENTAL IMPRESSION		

JB Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

Dixon Correctional Center
2600 N. Brinton Avenue • Dixon, IL 61021 • (815) 288-5561 TDD: (800) 526-0844

MEMORANDUM

H3/1

DATE: 3.23.23

TO: Moss, Carl B18364

FROM: Dental Clinic
Health Care Unit

SUBJECT: Inmate Request

Your request/referral was received and noted by the Dental Office. The answer to your question is checked below.

_____ To answer your request/referral slip, we must remind/inform you that your name has been placed on the _____ list. You will be called when your name comes to the top of that list. You will not be forgotten.

_____ You will be scheduled for an appointment.

***Upon receipt of this notification, additional requests are NOT to be submitted. If you have immediate issues that need addressed, please sign up for sick call.**

****Hygiene is scheduled according to your last biennial exam. If you refused your exam, you would have to wait until your next scheduled biennial exam to be scheduled for the hygienist. If you are eligible for hygiene you will be added to the list.**

Other.....

You are on our partial list.

Cc: HCU Administrator Dental File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/ldoc

1-11

SMITH v. WILLIAMS, ET AL

23-CV-50074

(Exhibit E)

Affidavit of Hector Hernandez

3 Pages

Grievance# 221797 with Attachements

19 Pages

STATE OF ILLINOIS

COUNTY OF LEE

AFFIDAVIT OF HECTOR HERNANDEZ, K63320

1. I AM OVER THE AGE OF 18 AND IF CALLED UPON TO DO SO COULD TESTIFY COMPETENTLY ABOUT THE FACTS SET FORTH IN THIS AFFIDAVIT.
2. This Affidavit contains information to support the complaint of James Smith, R43014, and his allegation of deliberate indifference to dental care at Dixon Correctional Center (DCC). It is not intended to include every relevant fact or matter observed by me or known to me.
3. The information is based on my personal knowledge, observations, and experiences.
4. I hereby certify that the following facts and things are true and correct to the best of my knowledge.
5.
 - a) I filed a Grievance #221797, on 4/13/2022 indicating that approximately 2 months prior all of my upper teeth had been removed. This was denied at the first level by the Counselor, Skoli, who claimed because there was no incident date the grievance could not be processed. This grievance was submitted to the second level for review.
 - b) On March 14, 2022, I received a memo from the dental clinic, no name of sender, in response to a inmate request I had submitted. The memo stated in response to my 3/13/2022 request for dentures, "The list is very long. The current wait time for dentures is 20 months. We can offer you a soft diet while you wait - just let us know." This was cc:HCU Administrator
 - c) On April 4, 2022, I again received another memo from the dental clinic, no name of sender, which stated "There are several names on the denture list, and many have to pay. we go by date -in order and we only have a dentist 1 day a week - so it will be a while[sic] before we work on dentures."

- d) On 8/17/2022, I sent Warden Williams a "kite" after I had spoken with him while he was walking through the 3rd floor healthcare unit here at DCC where I reside. I told him I had spoken with him about the need for me to get dentures and how I was told it would take 20 months. I also told him that I had filed a grievance about this issue. And I reminded him that about 6 months prior I had stopped him on the yard and talked with him. I asked the warden to have me sent out to a outside dental facility.
- e) On 11/28/2022, I received the Grievance officer's report for Grievance #221797. Ms. Carlson stated in part that I was on the list for dentures. DCC has no dentist on site at this time. And that Wexford is working diligently to hire a full time dentist. She further stated "...all treatment must be ordered by the licensed providers at this facility and not a matter of individual in custody preference." This assesment was signed "I concur" by the Chief Administrative Officer, Warden Tarry Williams.
- f) Around December 7, 2022, I saw a group of people walking around the 3rd floor healthcare unit, where I reside. My celli, Larry Bul-lard, A74220, stopped the group to talk with them about his need for dentures. I spoke with a African-American female who stated her mother used to be a dentist in Stateville, but she had retired. I was informed this group was part of the oversight committee reporting to the court in the Lippert action.
- g) Around March 4,2023, I received a report from the Administrative Review Board, in relation to the Grievance #221797, which I had submitted for review. The grievance was denied by Adewale Kuforji for the Board, concurred with by Rob Jeffreys, Director of the IDOC, and cc: to the Warden DCC.
- h) I remember having a conversation with James Smith who also resides here, where I live. We talked about the Warden coming through one day and how we both talked with him about them not giving either of us dentures. Smith told me he's been waiting for over 3 years.

- i) I suffer everyday from not being able to eat properly without teeth. My gums bleed, and are often swollen. My face is becoming disfigured by not having any teeth and sometimes people make fun of me. It's not my fault I don't have teeth. But the Warden and Dr. Sy should be doing something. I've told them and the warden said would look into it. But nothing has happened.
- j) When I have seen Dr. Sy at different appointments I ask him to send me out and he just nods and smiles. Or says he can't do anything about it.
- k) I feel that Dr. Sy and the Warden are letting Wexford dictate that we aren't going to get a dentist or dentures because it costs too much. Wexford has the contract to provide dental and medical here at DCC. Why isn't the Warden And the Medical Director doing something about it?
- l) I have true copies of the grievance I have talked about here and can provide them if necessary.

Pursuant to 28 U.S.C. §1746, 18 U.S.C. §1621, Or 735 ILCS 5/1-109, of the Code of Civil Procedure, I certify that the foregoing is true and correct to the best of my knowledge and upon information I believe to be true.

Dated: March 23, 2023

/s/ Hector Hernandez
Hector Hernandez
IDOC# K63320
Dixon Correctional Center
2600 N. Brinton ave.
Dixon, IL 61021-9524

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>4/13/22</u>	Offender (Please Print) <u>HECTOR HERNANDEZ</u>	ID#: <u>K63320</u>
Present Facility: <u>DIXON C.C.</u>	Facility where grievance issue occurred: <u>SAME</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input checked="" type="checkbox"/> Other: <u>DENTAL</u>		
<input type="checkbox"/> Disciplinary Report			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves protective custody, involuntary commitment, or psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

APPROXIMATELY 2 MONTHS AGO ALL MY TOP TEETH WERE TAKEN OUT, BUT NOT LONG AGO, 3/14/22, I GOT A MEMO FROM DENTAL SAYING THAT THE DENTURE LIST WAS LONG AND THAT I'D HAVE TO WAIT 20 MONTHS FOR MY DENTURES. I BELIEVE & HAVE TALKED TO WARDEN WILLIAMS, EXPLAINING THAT IF DIXON C.C. CANNOT DO MY DENTAL WORK, THAT I NEED. DIXON NEEDS TO SEND ME TO AN OUTSIDE DENTAL FACILITY TO GET MY DENTURES TAKEN CARE OF. I DON'T BELIEVE THAT OVER

Relief Requested: I'M REQUESTING MY DENTURES DONE H.S.A.P. HERE IN DIXON OR MY BEING SENT OUTSIDE FOR MY DENTAL WORK.

THANK YOU

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Hector Hernandez K63320 4.13.22
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>4.12.22</u> Response: <u>RECEIVED AND WILL BE HANDLED AS SOON AS POSSIBLE.</u> <u>As soon as possible.</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277.
<u>Send</u> Print Counselor's Name	<u>[Signature]</u> Counselor's Signature
<u>4.12.22</u> Date of Response	

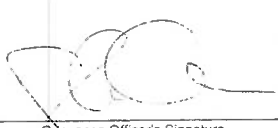


EMERGENCY REVIEW	
Date Received: <u>4.13.22</u>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes, expedite emergency grievance <input type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
<u>[Signature]</u> Chief Administrative Officer's Signature	<u>4.13.22</u> Date

THESE DENTAL WORKERS HERE IN DIXON ^{DON'T} CARE
HOW MUCH PAIN + SUFFERING WE HAVE TO GO
THRU ~~EVERY~~ TIME WE WANT TO EAT ANYTHING.
THREE TIMES A DAY WE HAVE TO SUFFER,
BECAUSE WE CAN'T CHEW OUR FOOD. THIS
IS NOT RIGHT. WHY SHOULD I ~~BE~~ HAVE TO
SUFFER FOR 20 MONTHS.

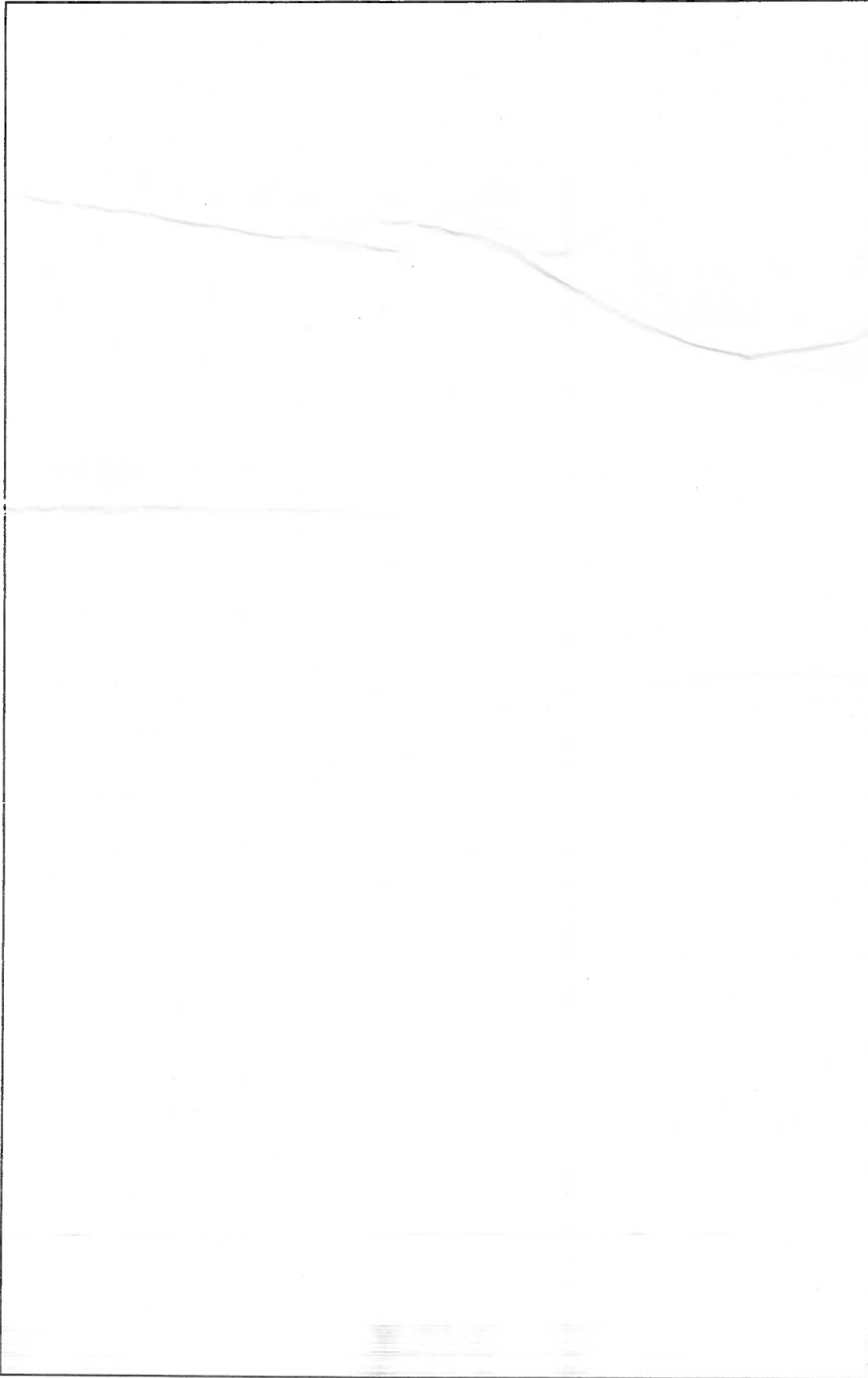
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H3-22

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>04/25/2022</u>	Date of Review: <u>11/04/2022</u>	Grievance # (optional): <u>221797</u>
Offender: <u>Hernandez, Hector</u>		ID#: <u>K63320</u>
Nature of Grievance: <u>Medical Treatment; Other-Dental</u>		
<p>Facts Reviewed:</p> <p>This Grievance Officer notes the request by Hernandez, Hector K63320 to receive dentures asap, or be sent to outside dental provider</p> <p>This Grievance Officer notes that Hernandez is on the wait list to receive dentures. The wait list is backlogged due to Dixon CC having no on-site Dentist at this time. Wexford is working diligently to hire a full time Dentist.</p> <p>Resident Hernandez is advised that he may submit a request to be seen at sick call, should he need additional medical care.</p> <p>This Grievance Officer notes all treatment must be ordered by the licensed providers at this facility and not a matter of individual in custody preference.</p>		
<p>Recommendation:</p> <p>Based upon a total review of all available information, this Grievance Officer is reasonably satisfied Resident Hernandez K63320 concerns (regarding medical treatment) will continue to be addressed and he has continuous access to medical treatment.</p>		
<u>Angela Carlson CCI</u> <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>
Chief Administrative Officer's Response		
Date Received: <u>11-22-22</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		<u>11/23/22</u> <small>Date</small>
Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
 <small>Offender's Signature</small>	<u>K63320</u> <small>ID#</small>	<u>11/25/22</u> <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)



J.B. Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Hernandez, Hector
ID#: K63320
Facility: Dixon

3/3/23

Date

This is in response to your grievance received on 12/2/22. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/13/22 Grievance Number: 221797 Griev Loc: Dixon

- ☒ Medical 3/14/22, states received memo from Dental saying the list was long and that he would have to wait 20 months for dentures
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Staff Conduct _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☐ Other _____

Based on a review of all available information, this office has determined your grievance to be:

- | | |
|--|--|
| <input type="checkbox"/> Affirmed _____ | <input type="checkbox"/> Denied as the facility is following the procedures outlined in DR525. |
| <input type="checkbox"/> Denied in accordance with DR504F, this is an administrative decision. | <input type="checkbox"/> Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment. |
| <input checked="" type="checkbox"/> Denied this office finds the issue was appropriately addressed by the facility Administration. | <input type="checkbox"/> Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed. |
| <input type="checkbox"/> Other: _____ | |

FOR THE BOARD:

Adewale Kuforiji
Administrative Review Board

CONCURRED:

Rob Jeffreys
Director

CC: Warden, Dixon Correctional Center
Hernandez, Hector, ID# K63320

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

Dentist
ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: HECTOR HERNANDEZ ID # 163320 Living Unit: HCU-3/22

Please refer to the directory located in your orientation manual and address proper personnel.

To: Dental

I request ☐ interview ☐ cell assignment ☐ visit ☐ banking ☐ purchase ☒ other (specify) for the purpose of (explain): would appreciate to be scheduled for upper dentures, thank you

Alexis Hernandez Offender's Signature 3/13/22 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):

Remarks by supervisor (if necessary):

Print Staff Name

Print Supervisor Name

Staff Signature

Supervisor Signature

Date

Date

JB Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

Dixon Correctional Center
2600 N. Brinton Avenue • Dixon, IL 61021 • (815) 288-5561 TDD: (800) 526-0844

MEMORANDUM

DATE: 3-14-22

TO: Hernandez, Hector 1463320 H/u HCU 3-14-22

FROM: Dental Clinic
Health Care Unit

SUBJECT: Inmate Request

Your request/referral was received and noted by the Dental Office. The answer to your question is checked below.

X To answer your request/referral slip, we must remind/inform you that your name has been placed on the denture list. You will be called when your name comes to the top of that list. You will not be forgotten.

 You will be scheduled for an appointment.

*Upon receipt of this notification, additional requests are NOT to be submitted. If you have immediate issues that need addressed, please sign up for sick call.

**We do not have a hygienist here at Dixon CC, therefore we are unable to clean teeth. If you would like further instruction on oral hygiene, you may sign up for sick call.

Other.....

The list is very long. The current wait time for dentures is 20 months. We can offer you a soft diet while you wait - just let us know

Cc: HCU Administrator Dental File

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